					Page 1 of 2
TRAVEL EXPENSE ACCOU	DATE OF CLAIM				
BA-12 (3/97)			DEPARTMEN'	Т	
signature. Receipts must be attached a	t be completely filled in by the payee prior to as required by travel regulations.				
NAME OF OFFICER OR EMPLOYEE			DIVISION		
ADDRESS			SECTION		
CITY			FOR PERIOD		
	Expense Summ	ary			
	Lump-Sum Allowance	\$			
		mi. @ .51		\$	
Automobile:	Per Mile Cost:	mi. @ .51		\$	\$
	Lodging			\$	
Subsistence:	Meals (SEE PPM 49 FOR RECEIPTS REQU FOR SPECIAL AND HIGH COST ARE.	\$	\$		
Tolls and Parking					\$
Tips (for baggage handling only)					\$
Other Expenses					\$
Less: Travel Advance					\$
Total Reimbursable Costs					\$
	Certificate of Pa	yee			
	just and true in all respects; that the distarnat the expenses charged were incurred on full amount is justly due.				
SIGNED BY PAYEE	TITLE OR POSITION		OFFICIAL DON	MICILE	
	Certificate of Head of B a this expense account have been examined by opinion, the amounts claimed are just an	by me; that the	services for	r which the c	charges are made were

NAME	SIGNED BY:	TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference	

DATE							SUBSISTENCE						
			ODOMETE		ETER	ETER		MEALS	5	_			
		Y AM/PM)	TERRITORY TRAVELED	READING		MILES			TOLLS AND	OTHER EXPENSES			
	DEP.	ARR.	SHOW ALL POINTS VISITED	DEPART	ARRIVE	TRAV.	LODGING	NO.	COST	PARK.	TIPS	DESCRIPTION	COST
													
													
													
													
<u> </u>													
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-													
			TOTALS				\$		\$	\$	\$		\$